RFP-5-55
ATTACHMENT D
Indiana Family and Social Services Administration
Division of Mental Health and Addiction
Afterschool Prevention Programs Initiative

SPECIFICATIONS FOR DIRECT PREVENTION SERVICES PROGRAMS IN INDIANA

Minimum Requirements for Direct Prevention Services Programs

A "Direct Prevention Services Program" (DPSP or "Services Program") is a local program to provide direct prevention services to a specified subset of the target population, usually defined by geographic boundaries or membership in a particular group (i.e. those living in a particular neighborhood or town, or those who are members of a particular organization). Each "Services Program" shall define its particular target audience and shall strive to serve an appropriate portion of the targeted youth from that target audience in any particular contract year.

Each program of direct prevention services, whether provided by a subcontractor or by the primary contractor itself, shall adhere to the following minimum requirements.

1. A Direct Prevention Services Program shall consist of a structured series of activities providing continuing services to targeted youth over a period of time sufficient to produce a predictable impact upon substance-using behavior. Each DPSP shall provide at least 40 contact hours over at least 15 different days, over a time frame of at least six weeks, but no more than ten consecutive weeks. Programs must be scheduled to run at least two days per week with the exception of those weeks that contain holidays. Each session (day) must be at least two and not more than four hours long. At least ten hours of the programming must be directly and easily identifiable as focused upon drug prevention, while the additional hours may be focused upon other activities that are related to prevention. Each focused prevention activity shall consist of a minimum of ten hours of programming, and the activity shall be spread across at least ten scheduled program days.

Each DPSP shall be conducted solely during the afterschool hours (approximately 3pm to 6pm) of regular school days during the academic year. Programs are allowed some flexibility to accommodate local scheduling needs. However, the DMHA funded portion of any program may not begin before 2:00 P.M. and may not extend beyond 7:00 P.M., and must be scheduled for days in which school is in session. No DPSP shall begin prior to the first day of the school year in August or September and no DPSP shall extend beyond the last documented day of the school year. All DPSPs shall be scheduled either as a "fall program" that shall end prior to December 31, or a "spring program" that shall begin no earlier than January 2 of the contract year.

2. Beginning January 2nd, 2006, Program Directors shall acquire a needs assessment for each county/township of their DSAs using the services of the Indiana Prevention Resource Center, by

participating on a needs assessment team or other needs assessment resources. The basic needs that will need to be included in this assessment will be in the Afternoons R.O.C.K. In Indiana Program Manual.

3. Each Direct Prevention Services Program shall be designed based upon needs revealed in the Coalition's needs assessment and shall provide one entire, selected model/evidence based program from list 2-A below, in which all participating youth shall enroll; and at least six "Supporting Prevention Activities" from List 2-B below, from which participating youth may choose.

LIST 2-A -- Focused Prevention

(Select one model program from the list or submit a request to DMHA to use another evidence based program on SAMHSA's Effective, Promising, or Model Program list http://modelprograms.samhsa.gov/template_cf.cfm?page=model_list)

- All Stars
  http://www.tanglewood.net/
- Too Good for Drugs and Violence After School Activities
  http://www.mendezfoundation.org/educationcenter/asa/index.htm
- Project ALERT
  http://www.projectalert.com/
- Positive Action
  http://www.positiveaction.net
- SMART Moves
  **Boys and Girls Clubs only

LIST 2-B-- Supportive Prevention Activities

(Select at least six, students must choose at least two from Service Program's list)

- Remedial Tutoring
- Help with Homework
- Academic Skills Development
- Adult Mentoring Programs (cross-generational)
- Peer Mentoring Programs (intra-generational)
- Natural Helpers Programs
- Support Groups (non-users)
- Structured Recreational Activities (various)
- Positive Peer Organizations/Prevention Club
- Community Service Programs (various)
- Cadet Teaching or Tutoring
- Non-Academic Classes (i.e. art, crafts, dance, computer, etc.) (various)
- Rites of Passage
- Cultural Competence Programs

- Cultural Awareness Programs
- Dropout Prevention Programs
- Suicide Prevention Programs
- Decision Making Skills Activities
- Self Concept Development Activities
- Leadership Development Activities
- Generic Job Skills Development
- Specific Job Skills Development
- Social Etiquette Development
- Goal Setting and Achievement Motivation Enhancement
- Social Competence and Life Skills Development
- Teamwork Development & Interpersonal Skills
- Development of Specific Skills (electronics, bicycle repair, etc.) (various)
- Assertiveness Skills Development Programs
- Communications Skills Development Programs
- Stress Management Programs
- Provision of Factual Information about Drugs

3. Educational field trips are limited to one per cohort and shall not be taken during or as part of the 40 contact hours.

4. Each Direct Prevention Services Program shall include the following required components:

a) A registration process involving the youth and a parent/guardian that will include a signed parent/youth consent/disclosure form; and a system for referral of youth to collaborating agencies for needed prevention services not provided by the program. The consent/disclosure form shall meet minimum DMHA standards, and shall include explicit permission to participate in the evaluation process.

b) Completion of DMHA specified monthly report forms that include an attendance roster with youth's legal name and social security number. These reports will document progress at meeting the program's process objectives, and eligibility of contractor and subcontractor to qualify for payment for services provided.

c) Collection of data on the prevalence of alcohol, tobacco, and other drug use by participating youth, via an anonymous confidential survey completed twice by participating youth: once at program enrollment, and again upon program completion. These data will document progress at meeting the program's impact objectives.

d) Collection of needed data to document and evaluate progress at meeting the program's outcome objectives. Each Direct Prevention Service Program shall adopt four impact objectives measuring prevalence of use by participating youth. Impact objectives are program objectives that describe a terminal behavior related to use of alcohol, tobacco, or other drugs, or of the direct consequences of that use. Each focused prevention program will have four, specific impact objectives to measure the prevalence of use by participating youth. Direct Prevention Service

Programs shall use the four, specified, impact objectives designated for the evidence based program chosen to be used during focused prevention. The candidate contractor agrees to add impact objectives in addition to those listed. Additions will be determined by future requirements by the State of Indiana.

5. Each program of direct prevention services shall be conducted under the direct supervision of a Program Supervisor who has attained a designation as a Qualified Prevention Professional (Q.P.P.) or as a Certified Prevention Professional (C.P.P.) by the Indiana Association of Prevention Professionals, Inc. prior to the start of the program. Newly hired program supervisors have 120 calendar days from their original date of hire to attain their Q.P.P. or C.P.P. Program Supervisors who do not receive their Q.P.P. or C.P.P. within 120 days of their original date of hire cannot run any additional programs or cohorts.

6. The program supervisor, or a DMHA-approved substitute, must be physically present, on-site, during the entirety of each scheduled program session. The DMHA may approve a substitute who has completed the required subcontractor training conducted by the contractor, who has attained a designation as a Qualified Prevention Professional (Q.P.P.) or as a Certified Prevention Professional (C.P.P.) by the Indiana Association of Prevention Professionals, Inc and has a background check on file with the DSA Program Director.

7. Each DPSP shall provide a DMHA minimum staffing level for each session of each DPSP that includes at least one adult (age 21 or over) for each 12 participating youth. These adults may be paid staff or volunteers. While high school students and young adults aged 18 through 20 are permitted to assist with programs, there presence does not reduce the requirement for adult staffing. Each contractor will be responsible for documenting that each adult staff member and volunteer is appropriately trained for the tasks assigned. This means that programs with 12 or fewer youth in attendance require only the program supervisor, while programs with 13 to 24 youth in attendance require two adults, including the program supervisor (Program Supervisor plus 2 Assisting Adults), programs with 25 to 36 youth in attendance require at least three adults (Program Supervisor plus 3 Assisting Adults) , etc. The cohort size shall range from a minimum of 15 to a maximum of 40 with a 1:12 adult to student ratio.

8. Program Supervisors, high school aged individuals and adults over the age of 18 who may be assisting with a program are responsible for having a background check on file with their DSA Program Director. Background checks should be completed before a cohort begins for the benefit and protection of the children and the provider. The check through the Indiana State police costs $7.00. This one-time cost would be an administrative cost that may have to be shared by the subcontractor. The subcontractor may have proof of a background check done previously by the agency or organization in which he/she is employed. Criminal Background Checks conducted in the past year are acceptable.

9. Each "Services Program" shall participate in the Coalition's evaluation plan, and shall adopt the two required process objectives, the four required impact objectives, and one outcome objective from the DMHA-approved list of outcome objectives for each focused prevention activity. Each Services Program shall collect the necessary data required by the evaluation plan and its staff shall tabulate the data needed for evaluating the outcome objectives and forward the

data needed to tabulate the process and impact objectives to the contractor for submission to the Indiana Prevention Resource Center for tabulation

Reimbursement Schedule for Direct Prevention Services Programs:

The contractor shall enter into a written contract with each subcontractor, and shall reimburse the subcontractor for services provided, in accordance with the following reimbursement schedule, at a time specified by the contractor in the written agreement:

For each qualified enrollment in the DPSP by a targeted youth	$150.
For each successful completion of the DPSP by a targeted youth	$150.

Requirements for Approval of a Direct Prevention Services Program

Prior to beginning any cohort for any Direct Prevention Services Program (DPSP), the DPSP must be approved by the Division of Mental Health and Addiction (DMHA). No payment may be made to any contractor or subcontractor for any cohort that begins before the date of approval by DMHA. To obtain approval, a correct and complete Program Profile and all supportive documentation must be submitted to the DMHA through its technical assistance contractor, the Indiana Prevention Resource Center at Indiana University (IPRC) no later than ten working days prior to the proposed starting date. The IPRC will screen the Program Profiles for technical compliance to contract requirements and forward the Program Profile to DMHA for final approval.

Upon approval of a Program Profile, the IPRC will assign a program number for the program, and will record the date of approval. The program number and date of approval will be transmitted to the program director by electronic mail. No payment will be made for any enrollments in cohorts beginning prior to the approval date. Only the IPRC will assign program numbers. Program Profiles are approved for only one contract year at a time, and a new approval is required and new program numbers must be assigned each contract year

The following information must be on file with the IPRC prior to review of a Program Profile for approval:

1. A Program Profile, completed in accordance with DMHA requirements, and submitted to the IPRC electronically in Microsoft Word format.
2. A complete blank copy of the parental/youth consent/disclosure form required of all youth enrolled in the program. This form must comply with DMHA requirements and must explicitly give approval for participation in the evaluation activities.
3. A complete copy of the evaluation instrument, if a paper and pencil measure is used, or a detailed evaluation protocol, if a social indicator's measure is used, for each outcome objective described on the Program Profile.
4. A schedule showing when each model/evidence based program lesson will be implemented.

Prior to the first program session for each cohort, a paper copy of the Program Profile, with program number and approval date, signed in ink by the program supervisor in charge of implementing the program must be received by the IPRC. Reimbursement for enrollments will be made only for cohorts that begin on or after the date that the signed profile is received by the IPRC. Each subsequent cohort must have a budget and a new schedule of activity dates.

Evaluation Requirements for Direct Prevention Services Programs

Each "Coalition" and each "Services Program" shall participate in DMHA's Evaluation Plan for the Local Prevention Services Coalitions. The Coalitions and Services Programs shall work with DMHA's technical assistance contractor, the Indiana Prevention Resource Center (IPRC) to implement their evaluation plans, and Contractors shall submit monthly program attendance report forms completed by program staff and the anonymous drug use survey forms completed by participating youth. Contractors shall also submit the evaluations that are designated by DMHA for evaluation of the selected model/evidence based programs. These evaluations shall be submitted to the IPRC with the completion paperwork at the end of a cohort. All forms from Services Programs shall be submitted to the Coalition's Contractor in a timely manner so that they are received by the Contractor no later than the 15th of each month. The Contractor shall collate all forms received from each Services Program and shall complete the required summary and transmittal forms and submit them to the IPRC in a timely manner so that they are received by the IPRC no later than 25th day of each month.

The Division of Mental Health and Addiction shall make determinations of program efficiency and effectiveness based upon the program objectives prescribed below. For their own local purposes, Coalitions and Services Programs are encouraged to establish additional objectives, but only information on DMHA-required objectives should be submitted to the IPRC for DMHA's assessment of the Coalition's and Services Programs' impact.

Coalition-Level Evaluations

1. Each Coalition shall begin Afternoons R.O.C.K. in Indiana services with six coalition service providers trained in model/evidence based programs and the evaluation measurements of the model/evidence based programs. The remaining coalition service providers of the coalition shall be trained in the model/evidence based programs by June 30th, 2006. The standard impact objectives of prevalence of use by participating youth shall be determined by DMHA and announced by July 1st, 2005. Each application shall submit a plan to assure compliance with evaluation requirements.

2. Each "Coalition" shall adopt the two, specified, standard process objectives listed below. Process objectives are program objectives that describe intended activities or processes to be conducted by the Coalition.

> A. [Required]. By June 30, 2006, the collaborating member agencies of this Coalition shall implement the ____ Direct Prevention Services Programs as described in the Coalition's proposal. [Insert number of programs in blank provided.]

B. [Required]. By June 30, 2006, at least 80% of the participating youth registered for each Direct Prevention Services Program shall complete the program with 80% attendance.

3. Each Coalition shall adopt the four, specified, standard impact objectives listed below measuring prevalence of use by participating youth. Impact objectives are program objectives that describe a terminal behavior related to use of alcohol, tobacco, or other drugs, or of the direct consequences of that use. For the purposes of this RFP, all Local Prevention Services Coalitions and Direct Prevention Service Programs shall use the same, four, specified, standard impact objectives measuring prevalence of use by participating youth:

A. At the conclusion of the Services Programs offered by this Local Prevention Services Coalition, the prevalence of reported cigarette smoking in the previous month by participating youth shall not exceed ____%.

B. At the conclusion of the Services Programs offered by this Local Prevention Services Coalition, the prevalence of reported alcohol use in the previous month by participating youth shall not exceed ____%.

C. At the conclusion of the Services Programs offered by this Local Prevention Services Coalition, the prevalence of reported inhalant use in the previous month by participating youth shall not exceed ____%.

D. At the conclusion of the Services Programs offered by this Local Prevention Services Coalition, the prevalence of reported marijuana use in the previous month by participating youth shall not exceed ____%.

Direct Prevention Services Program Evaluations

1. Each "Services Program" shall adopt the two, specified, standard process objectives listed below. Process objectives are program objectives that describe intended activities or processes to be conducted by the Services Program.

A. [Required]. By June 30, 2006, this Direct Prevention Services Program shall implement the program as described in the Coalition's proposal, and shall enroll a minimum of _____ "targeted youth" in ____ program cohorts.

B. [Required]. By June 30, 2006, at least 80% of the participating youth registered for this Direct Prevention Services Program shall complete the program with 80% attendance.

2. Each "Services Program" shall adopt the four, specified, standard impact objectives measuring prevalence of use by participating youth. Impact Objectives are program objectives that describe a terminal behavior related to use of alcohol, tobacco, or other drugs, or of the direct consequences of that use. For the purposes of this RFP, all Local Prevention Services

Coalitions and Direct Prevention Service Programs shall use the same, four, specified, standard impact objectives measuring prevalence of use by participating youth:

A. At the conclusion of this Direct Prevention Services Program, the prevalence of reported cigarette smoking in the previous month by participating youth shall not exceed ____%.

B. At the conclusion of this Direct Prevention Services Program, the prevalence of reported alcohol use in the previous month by participating youth shall not exceed ____%.

C. At the conclusion of this Direct Prevention Services Program, the prevalence of reported inhalant use in the previous month by participating youth shall not exceed ____%.

D. At the conclusion of this Direct Prevention Services Program, the prevalence of reported marijuana use in the previous month by participating youth shall not exceed ____%.

3. Each "Services Program" shall select one "Outcome Objective" from the DMHA-approved list of outcome objectives for focused prevention. Outcome Objectives are program objectives that describe intended program outcomes measuring a behavior or characteristic related to risk and/or protective factors. They specify a targeted rate of terminal behavior by the participating youth. Outcome Objectives may be measured by use of a "paper and pencil" measure or by a "social indicator."